



3-2-09

PATENT APPLICATION

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<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL</b>				Attorney's Docket No: A-398-US-CNT3		
Serial No. 10/621,784	Filing Date 07/16/2003	Examiner Borgeest, Christina M.	Group Art Unit 1649			
In Re Application of: Alison M. Bendele						
For: USE OF IL-1 INHIBITORS FOR TREATING IL-1 MEDIATED DISEASES						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$130.00)						
<input checked="" type="checkbox"/> Two months of original due date (\$490.00)						
<input type="checkbox"/> Three months of original due date (\$1,110.00)						
<input type="checkbox"/> Four months of original due date (\$1,730.00)						
<input type="checkbox"/> Five months of original due date (\$2,350.00)						
<input type="checkbox"/> A response in connection with the matter for which this extension is requested:						
<input type="checkbox"/> is filed herewith.						
<input type="checkbox"/> has been filed.						
<input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=	0	x \$52	: \$ 0.00
Indep. Claims		Minus	=	0	x \$220	: \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$390 : \$ 0.00
Total Additional Fee for this Amendment					\$ 0.00	
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.						
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.						
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.						
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers.						
<input type="checkbox"/> Other: _____						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$490.00. A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To:						
<b>21069</b>						
U.S. Patent Operations/MKH Dept. 4300, M/S 28-2-C AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA				Mary K. Hehner Attorney for Applicant(s) Registration No.: 39,206 Phone: (805) 447-5632 Date: February 27, 2009		

EXPRESS MAIL CERTIFICATE

"Express Mail" label number: EL 732552168 US Date of Deposit: February 27, 2009

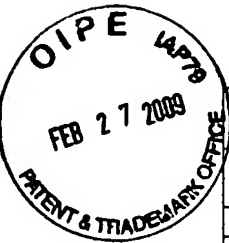
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kristin Porcu  
Printed Name

Signature

03/03/2009 WABDELRI 00000001 010519 10621784 490.00 DA 01 FC:1252

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<b>Total Additional Fee for this Amendment</b>						<b>\$ 0.00</b>
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.          ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.          *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.          The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</p> <p><input type="checkbox"/> The following other fees are incurred by the accompanying papers.  <input type="checkbox"/> Other: _____</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of <u>\$490.00</u>. A duplicate copy of this petition is attached.</p> <p><input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.</p>						
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				 Mary K. Hehman Attorney for Applicant(s) Registration No.: 39,206 Phone: (805) 447-5632 Date: February 27, 2009		

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Kristin Porcu   
 Printed Name Signature